## BEST AVAILABLE COPY

|  |  |  |              |                               |              |                  |          | Application or Docket Number |                        |    |                            |                        |  |
|--|--|--|--------------|-------------------------------|--------------|------------------|----------|------------------------------|------------------------|----|----------------------------|------------------------|--|
|  | PATENT A                                       | RD   |              | 10/                           | 04           | 42               | 32       |                              |                        |    |                            |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |  |  |              |                               |              |                  |          | ALL EI                       | אדודא                  | OR | OTHER<br>SMALL             |                        |  |
| TOTAL CLAIMS   |  |  | 33           |                               |              |                  | F        | RATE                         | FEE                    | 7  | RATE                       | FEE                    |  |
| FOR  |  |  | NUMBER FILED |                               | NUMBER EXTRA |                  | ВА       | SIC FEE                      | 375.00                 | OR | BASIC FEE                  | 750.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |  |  | )) minus 20= |                               | . 13         |                  | ,        | <b>K\$</b> 9=                |                        | OR | X\$18=                     | 234                    |  |
| INDEPENDENT CLAIMS   |  |  | ) minus 3 =  |                               | • 0          |                  | ,        | X42=                         |                        | OR | X84=                       |                        |  |
| <b>L</b>   | <del></del>                                    | DENT CLAIM PI                                  |              |                               |              |                  |          | 140=                         |                        | OR | +280=                      |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |  |              |                               |              |                  |          | OTAL                         |                        | OR | TOTAL                      | 4/4                    |  |
| 3  | Column 1) (Column 2) (Column 3)                |  |              |                               |              |                  |          | SMALL ENTITY OR              |                        |    | OTHER THAN<br>SMALL ENTITY |                        |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT      |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA | F        | RATE                         | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
| NDN  | Total  | · 6  | Minus        | # (5                          | 33           | =                | <b>,</b> | <b>(\$ 9=</b>                |                        | OR | X\$18=                     |                        |  |
| AME  | Independent                                    | *  | Minus        | ***                           | 3            | =                | ,        | X42=                         |                        | OR | X84=                       |                        |  |
|  | FIRST PRESE                                    | NTATION OF M                                   | JUNPLE DEI   | ENDEN                         | CLAIM        |                  | 1        | 140=                         |                        | OR | +280=                      |                        |  |
|  |  |  |              |                               |              |                  |          | TOTAL<br>DIT. FEE            |                        | OR | TOTAL<br>ADDIT. FEE        |                        |  |
| <b> </b>   |  | (Column 1)                                     |              | _ (Colur                      | nn 2)        | (Column 3)       | AU.      | J11. 1 LL                    |                        |    | ADDI: 1 CE                 |                        |  |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT      |              | HIGH<br>NUM<br>PREVK<br>PAID  | BER<br>OUSLY | PRESENT<br>EXTRA | F        | RATE                         | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
| NDN  | Total  | *  | Minus        | **                            |              | =                | ,        | <b>(\$ 9=</b>                | }                      | OR | X\$18=                     |                        |  |
| AME  | Independent                                    | *  | Minus        | ***                           | CLAIM        |                  |          | X42=                         |                        | OR | X84=                       |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |              |                               |              |                  |          | 140=                         |                        | OR | +280=                      |                        |  |
| }  |  |  |              |                               |              |                  | ADI      | TOTAL<br>DIT. FEE            |                        | OR | TOTAL<br>ADDIT. FEE        |                        |  |
| (Column 1) (Column 2) (Column 3)   |  |  |              |                               |              |                  |          |                              |                        |    |                            | :                      |  |
| AMENDMENTC   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT      |              | HIGH<br>NUM<br>PREVI<br>PAID  | BER<br>OUSLY | PRESENT<br>EXTRA |          | RATE                         | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
| Į  | Total  | *  | Minus        | **                            |              | =                | )        | <b>(\$ 9=</b>                |                        | OR | X\$18=                     |                        |  |
| AME  | Independent                                    | *  | Minus        | ***                           | T () 4334    | -                |          | X42=                         |                        | OR | X84=                       |                        |  |
| 11   | ILIUSI SUESE                                   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |              |                               |              |                  |          |                              |                        |    |                            |                        |  |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

+280=

OR ADDIT. FEE

+140=

TOTAL ADDIT. FEE